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ADVANTIA LAW GROUP 9035 SOUTH 1300 EAST SUITE 200 SANDY, UT 84094			EXAMINER	
			SOREY, ROBERT A	
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		4194		
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 10/603,838	Applicant(s) DACOSTA, VICTORIA K.
	Examiner ROBERT SOREY	Art Unit 4194

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
 - If no period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
 - Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 25 June 2003.
- 2a) This action is FINAL. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1-20 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 1-20 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on 25 June 2003 is/are: a) accepted or b) objected to by the Examiner.
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) Notice of References Cited (PTO-892)
 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
 3) Information Disclosure Statement(s) (PTO-166/08)
 Paper No(s)/Mail Date _____
- 4) Interview Summary (PTO-413)
 Paper No(s)/Mail Date _____
- 5) Notice of Informal Patent Application
 6) Other: _____

DETAILED ACTION

Claim Rejections - 35 USC § 102

1. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

2. Claims 1 and 10 are rejected under 35 U.S.C. 102(b) as being anticipated by U.S. Patent Application Publication 2002/0032583 to Joao.
3. As per claim 1, Joao teaches a method for tracking patient data, the method comprising:

--providing a host computer for storing patient data thereon (see: Joao, paragraphs 16, 55-56, and 71);

--transmitting the patient data to the host computer via a network, which is operably connected to the host computer (see: Joao, paragraphs 16 and 21-22);

--storing the patient data on the host computer (see: Joao, paragraphs 55-56);
and

--providing access to the patient data via a client computer (Fig. 1)(see: Joao, paragraph 51-53), which is operably connected to the network (see: Joao, paragraphs 16 and 21-22), in response to receiving a request from a practitioner (see: Joao, paragraphs 33-34, 136, 147, 175, 233-234, 261, 305, and 356).

4. As per claim 10, Joao teaches the invention as claimed, see discussion of claim 1, and further teaches:

--receiving a request from the practitioner further comprises receiving an access code from the practitioner, wherein the access code is provided to the practitioner by a patient (see: Joao, paragraphs 333, 356-359, and 362).

5. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

6. Claims 2, 4, and 6-8 are rejected under 35 U.S.C. 102(e) as being anticipated by U.S. Patent Application Publication 2002/0032583 to Joao.

7. As per claim 2, Joao teaches the invention as claimed, see discussion of claim 1, and further teaches:

--storing patient data comprises storing a medical history of a patient (see: Joao, paragraph 35, 86, 157, and 175).

8. As per claim 4, Joao teaches the invention as claimed, see discussion of claim 1, and further teaches:

--storing patient data comprises storing a treatment plan for a patient (see: Joao, paragraphs 28, 71, 161, and 209).

9. As per claim 6, Joao teaches the invention as claimed, see discussion of claim 1, and further teaches:

--storing patient data further comprises storing patient data in response to examining a patient (see: Joao, paragraph 175 and 232).

10. As per claim 7, Joao teaches the invention as claimed, see discussion of claim 1, and further teaches:

--storing patient data further comprises storing patient data in response to treating a patient (see: Joao, paragraphs 175 and 232).

11. As per claim 8, Joao teaches the invention as claimed, see discussion of claim 1, and further teaches:

--transmitting billing statements to an insurance carrier over the network, wherein the billing statements correspond to fees for care given to a patient (see: Joao, paragraphs 15, is met by processing insurance data; paragraph 17, is met by payer communication device for insurance companies; paragraph 306, is met by the central processing server generating a claim form to meet the formal claim submission requirements of the patient's payer or insurance company).

Claim Rejections - 35 USC § 103

12. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

13. Claims 3, 5, and 11-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent Application Publication 2002/0032583 to Joao in view of U.S. Patent 6,039,688 to Douglas et al.

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14. As per claim 3, Joao teaches the invention as claimed, see discussion of claim 1, but fails to specifically point out:

--storing patient data comprises storing preferences of the patient.

However, Douglas et al. teaches a compliance monitoring and feedback system that stores a patient's preferences (see: Douglas et al., column 8, lines 56-63, is met by integrating the user's schedule book with the user's personal calendar thereby indicating preferential times in which to complete the tasks in the user's schedule book; and column 15, lines 24-33). It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine compliance tracking as taught by Douglas et al. with the patient data tracking elements as taught by Joao with the rationale of safely, timely, cheaply implement lifestyle changes for medical reasons that may help reduce or eliminate future medical costs and visits to healthcare providers (see: Douglas et al., background of the invention, column 1, line 20 through column 2, line 6).

15. As per claim 5, Joao teaches the invention as claimed, see discussion of claim 3, but fails to specifically point out:

--tracking patient compliance with the treatment plan.

However, Douglas et al. teaches a compliance monitoring and feedback system that tracks a patient's compliance with a medical regimen (see: Douglas et al., entire patent, especially the abstract and column 2, lines 23-48).

16. As per claim 11, Douglas et al. teaches an apparatus for integrated patient care, the apparatus comprising:

--a patient module configured to display a treatment plan (see: Douglas et al., column 2, lines 23-47, is met by "plan" and "therapeutic program"; and column 8, lines 30-36) on a client computer (see: Douglas et al., column 2, lines 9-22) and receive input from a patient corresponding to progress of the patient in following the treatment plan (see: Douglas et al., column 5, lines 26-44; and column 10, lines 9-16);

--a practitioner module configured to monitor the progress of the patient in following the treatment plan (see: Douglas et al., column 7, lines 5-15; column 8, lines 30-36; and column 10, lines 9-16); and

Douglas et al. teaches transmitting information to insurance carriers but fails to specifically point out:

--an office module configured to transmit billing statements corresponding to the treatment plan to an insurance carrier.

However, Joao teaches processing insurance data (see: Joao, paragraphs 15), payer communication device for insurance companies (see: Joao, paragraph 17), and a central processing server generating a claim form to meet the formal claim submission requirements of the patient's payer or insurance company (see: Joao, paragraph 306). It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the compliance monitoring and feedback system as taught by Douglas et al. and claims and insurance data processing elements of Joao with the rationale of creating a system less dependent upon paper-based processing thereby increasing the speed and efficiency of processing treatment claims and lowering costs and increasing customer satisfaction (see: Joao, paragraph 7).

17. As per claim 12, Douglas et al. teaches the invention as claimed, see discussion of claim 11, and further teaches:

--the patient module is further configured to receive input from the patient corresponding to patient preferences (see: Douglas et al., column 8, lines 56-63, is met by integrating the user's schedule book with the user's personal calendar thereby indicating preferential times in which to complete the tasks in the user's schedule book; and column 15, lines 24-33).

18. As per claim 13, Douglas et al. teaches the invention as claimed, see discussion of claim 11, and further teaches:

--the patient module is further configured to provide reference data to the patient (see: Douglas et al., column 2, line 48 through column 3, line 10; column 14, lines 24-62; and column 21, lines 6-15).

19. As per claim 14, Douglas et al. teaches the invention as claimed, see discussion of claim 11, but fails to specifically point out:

--the practitioner module is further configured to provide interactive training to a practitioner.

However, Joao teaches "providing training for healthcare providers and/or professionals" and a "healthcare training simulator" (see: Joao, paragraph 36, 50, 72-73, 167, and 314, etc.).

20. As per claim 15, Douglas et al. teaches the invention as claimed, see discussion of claim 11, and further teaches:

--the practitioner module further comprises practitioner organization tools (Fig. 39-58)(see: Douglas et al., column 2, lines 23-48, is met by the computer implemented tool that organizes information; and entire columns 17-20).

21. As per claim 16, Douglas et al. teaches the invention as claimed, see discussion of claim 11, and further teaches:

--the practitioner module further comprises reference tools (see: Douglas et al., column 12, lines 3-7).

Furthermore, Joao teaches "providing training for healthcare providers and/or professionals" and a "healthcare training simulator" (see: Joao, paragraph 36, 50, 72-73, 167, and 314, etc.).

22. As per claim 17, Douglas et al. teaches the invention as claimed, see discussion of claim 11, and further teaches:

--the office module is further configured to order products in response to observing reduced inventory (see: Douglas et al., column 16, lines 55-61, is met by online store for ordering relevant items).

Furthermore, Joao teaches locating "supplies, body organs, blood, medications, and/or any other goods, products, and/or supplies, etc." (see: Joao paragraph 40).

23. As per claim 18, Douglas et al. teaches the invention as claimed, see discussion of claim 11, and further teaches:

--the office module is further configured to generate reports in response to receiving patient data (Fig. 7)(see: Douglas et al., column 7, lines 54-65; and column 18, lines 38-54).

24. As per claim 19, Douglas et al., teaches a system for integrated patient care, the system comprising:

--*at least one client computer* (see: Douglas et al., column 2, lines 9-22);

--*a host computer, operably connected to the at least one client computer via a network* (Fig. 59)(see: Douglas et al., column 21, lines 5-26);

--*a database residing on the host computer* (Fig. 59)(see: Douglas et al., column 21, lines 5-26 and lines 54-65);

--*a patient module configured to receive a treatment plan* (see: Douglas et al., column 2, lines 23-47, is met by "plan" and "therapeutic program"; and column 8, lines 30-36) *from the database, display the treatment plan on the at least one client computer* (see: Douglas et al., column 2, lines 9-22), *and store input from a patient corresponding to progress of the patient in following the treatment plan in the database* (see: Douglas et al., column 5, lines 26-44; and column 10, lines 9-16);

--*a practitioner module configured to monitor the progress of the patient in following the treatment plan and store data corresponding to the progress of the patient in the database* (see: Douglas et al., column 7, lines 5-15; column 8, lines 30-36; and column 10, lines 9-16), and is further configured to

Douglas et al. fails to specifically point out:

provide interactive training to a practitioner;

However, Joao teaches "providing training for healthcare providers and/or professionals" and a "healthcare training simulator" (see: Joao, paragraph 36, 50, 72-73, 167, and 314, etc.). It would have been obvious to one of ordinary skill in the art at

the time the invention was made to combine the compliance monitoring and feedback system as taught by Douglas et al. and claims and practitioner training elements of Joao with the rationale of allowing “providers to remain current with state-of-the-art information and training techniques” (see: Joao, paragraph 8).

Douglas et al. also fails to specifically point out:

--and an office module configured to transmit billing statements corresponding to the treatment plan to an insurance carrier,

However, Joao teaches processing insurance data (see: Joao, paragraphs 15), payer communication device for insurance companies (see: Joao, paragraph 17), and a central processing server generating a claim form to meet the formal claim submission requirements of the patient's payer or insurance company (see: Joao, paragraph 306). It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the compliance monitoring and feedback system as taught by Douglas et al. and claims and insurance data processing elements of Joao with the rationale of creating a system less dependent upon paper-based processing thereby increasing the speed and efficiency of processing treatment claims and lowering costs and increasing customer satisfaction (see: Joao, paragraph 7).

Douglas et al. further teaches:

and is further configured to order products in response to observing reduced inventory (see: Douglas et al., column 16, lines 55-61, is met by online store for ordering relevant items).

25. As per claim 20, Douglas et al. teaches the invention as claimed, see discussion of claim 19, and further teaches:

--the office module is further configured to generate reports in response to receiving patient data (Fig. 7)(see: column 7, lines 54-65; and column 18, lines 38-54).

26. Claim 9 is rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent Application Publication 2002/0032583 to Joao in view of U.S. Patent Application Publication 2002/0138304 to Fontanesi.

27. As per claim 9, Joao teaches the invention as claimed, see discussion of claim 6, and further teaches:

--automatically generating and transmitting the billing statements in response to inputting billing codes to the host computer (see: paragraphs 48 and 311-312, is met by maintaining financial accounts and generating account statements).

Joao does not specifically teach billing codes; however, Fontanesi teaches "correlating medical procedures and medical billing codes" (see: Fontanesi, paragraphs 5-6) and it would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the account statements of Joao and the billing codes of Fontanesi with the rationale of maximizing the procedures billed (see: Fontanesi, paragraph 5).

Conclusion

28. Any inquiry concerning this communication or earlier communications from the examiner should be directed to ROBERT SOREY whose telephone number is

(571)270-3606. The examiner can normally be reached on Monday through Friday 7:30AM to 5:00PM (EST).

29. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Charles Kyle can be reached on (571) 272-6746. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

30. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Robert Sorey/
Examiner, Art Unit 4194
24 April 2008

/Charles R. Kyle/
Supervisory Patent Examiner, Art Unit 4194